

Michigan Medicaid Database Explanation for Ancillary Services

This document contains information for interpreting the Michigan Medicaid Databases listed for ancillary services. Each database contains the covered services for each provider group. The databases available by provider group are:

- MDCH Medical Supplier/DME/Prosthetics and Orthotics Database
- MDCH Hearing Aid Dealers Database
- MDCH Hearing and Speech Centers Database

The databases are in two formats:

- PDF excel file for viewing and/or printing a page
- WINZIP self-extracting executable Excel file for downloading data into your computer

The database for Medical Supplier/DME/Prosthetics and Orthotics include the following data elements:

- HCPCS Code active or deleted
- Reimbursement Modifier
- Informational Modifier
- Code Description
- Status Code
- Michigan Medicaid Fee Screen
- Limits (Maximum Units) Indicator
- Age Limits
- NH Per Diem Rate
- ABC Certification (Applies to Orthotists/Prosthetists Only)
- Prior Authorization (PA) Indicator
- PA Age Limits
- Diagnosis Exception Codes for PA

The databases for Hearing & Speech Centers and Hearing Aid Dealers include the following data elements:

- HCPCS Code active or deleted
- Informational Modifier
- Code Description
- Status Code
- Michigan Medicaid Fee Screen
- Limits Indicator
- Prior Authorization (PA) Indicator
- Age Limits

The file contains one record for each unique combination of procedure code and modifier and is sorted in ascending order.

Questions on the database should be directed to Provider Inquiry by phone at 1-800-292-2550 or email to ProviderSupport@state.mi.us. Include your name, affiliation and phone number for contact information.

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Data Element	Description
HCPCS Code	<p>The HCPCS Level 1 or Level 2 code for the service.</p> <p>The DME/medical supplies, orthotics and prosthetics program uses the following sections from the HCPCS coding system:</p> <ul style="list-style-type: none"> • A codes - Medical and Surgical Supplies and miscellaneous • B codes - Enteral and Parenteral Nutrition • E- codes - Durable Medical Equipment • K codes - Temporary Codes • L codes - Orthotic and Prosthetic devices • S codes - Temporary Codes • T codes - Medicaid Temporary Codes
Reimbursement Modifier	<p>The following modifiers identify a set fee screen.</p> <p><u>For medical supplies and/or durable medical equipment:</u></p> <p>Breast Pump:</p> <p style="padding-left: 40px;">KH - DMEPOS item, initial claim, purchase or first month rental (Use with HCPCS code E0604 only if kit is provided)</p> <p>Enteral Nutrition:</p> <p style="padding-left: 40px;">BO - Orally administered nutrition, not by feeding tube</p> <p style="padding-left: 40px;">U3 - Low Profile (Use with HCPCS code B4086 only)</p> <p>Infusion Therapy:</p> <p style="padding-left: 40px;">SH - Second concurrently administered insulin therapy</p> <p style="padding-left: 40px;">SJ - Third concurrently administered insulin therapy</p> <p>Powered Flotation/Air-Fluidized Bed:</p> <p style="padding-left: 40px;">MS - Six-month maintenance and servicing fee (report for HCPCS codes E0193 or E0194 only)</p> <p>Purchase/Rental/Repair:</p> <p style="padding-left: 40px;">NU - New DME equipment</p> <p style="padding-left: 40px;">UE - Used durable medical equipment</p> <p style="padding-left: 40px;">RP - Replacement and repair</p> <p style="padding-left: 40px;">RR - Rental (use when DME is to be rented)</p> <p><u>For orthotics and prosthetics</u></p> <p>Repair:</p> <p style="padding-left: 40px;">RP - Replacement and repair</p> <p>A blank will appear for services other than those identified above and designates a purchase.</p>

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Informational Modifier	<p>The following informational modifiers are required for payment.</p> <p><u>For medical supplies</u></p> <p>Surgical Dressings:</p> <ul style="list-style-type: none"> A1 - Dressing for one wound A2 - Dressing for two wounds A3 - Dressing for three wounds A4 - Dressing for four wounds A5 - Dressing for five wounds A6 - Dressing for six wounds A7 - Dressing for seven wounds A8 - Dressing for eight wounds A9 - Dressing for nine or more wounds <p><u>For prosthetics and orthotics</u></p> <p>Functional Level Modifiers for Lower Extremity Prostheses:</p> <ul style="list-style-type: none"> K0- Lower extremity prosthesis functional level 0 – does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility K1- Lower extremity prosthesis functional level 1 – has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator. K2 - Lower extremity prosthesis functional level 2 – has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator. K3 - Lower extremity prosthesis functional level 3 – has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion. <p><u>For hearing aid dealers, hearing and speech centers, prosthetics and orthotics</u></p> <p>Left and Right Modifiers:</p> <ul style="list-style-type: none"> LT - Left Side of the Body (used to identify procedures performed on the left side of the body). RT - Right Side of the Body (used to identify procedures performed on the right side of the body)
Code Description	The description of the service identified by the code number.
Status Code	<p>Indicates if a code is active (covered) when the database is published and whether additional information is required.</p> <ul style="list-style-type: none"> A -Active code M -Additional information is required to process the claim D - Deleted code since last published database
Maximum Fee	Represents the maximum fee screen Medicaid will pay for the service provided. If the fee is \$0.01, it is individually priced.

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Data Element	Description
Limits Indicator	The limits or maximum allowable indicator means the maximum quantity of an item that may be reimbursed within the time frame indicated unless an additional quantity has been prior authorized. If there is no maximum quantity indicated, the quantity authorized is dependent on medical necessity as determined through the PA process. For Hearing and Speech Centers and Hearing Aid Dealers, this field may also indicate the maximum dollar amount that may be reimbursed within the time frame designated.
Age Limits	Age range in which coverage of the item is considered.
Prior Authorization (PA) Indicator	Indicates "Y" if item requires PA and "N" if no PA is required.
PA Age Limits	Indicates the age in which PA is required.
Diagnosis Exception Codes for PA	Indicates the diagnoses codes representing medical conditions that bypass the PA requirement.
Nursing Facility "NF" Per Diem	Indicates "Y" or "N" as to whether the item is considered as part of the nursing facility per diem rate. If "Y" is indicated, the medical supplier should not bill the item.
ABC Certification Indicator	Indicates "Y" or "N" as to whether ABC Certification is required to provide service